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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W18-67520 RA

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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY AUG -7 2018



July 24, 2018

KELYN FREUDIGER DFW MECHANICAL GROUP, LLC 1010 SQUIRE DR. WYLIE, TX 75098

SUBJECT: DFW MECHANICAL GROUP, LLC Ref. Number:-W18000067520

We have received your document for DFW MECHANICAL GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 318A00015220

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: DFW Mechanical Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelyn Freudiger
Name of Person
DFW Mechanical Group, LLC
Firm/Company
1010 Squire Drive
Address
Wylie, Texas 75098
City/State and Zip Code
kelyn@dfwmechanical.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelyn Freudiger972442-9584

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

State of Texas	oreign limited liability company is organized)	_{3.} 46-1214196	nited Liability Company," "L. L. C," or "LL.C.") El number, if applicable)
(Jurisdiction under the law of which i		3. <u>46-1214196</u>	El number, if applicable)
		(F	FEI number, if applicable)
No transactions as o	of current date		
	n cultetti uale		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	to registration.) rimine penalty liability)	
1010 Squire Drive		6. 1010 Squire Dri	ve
(Street Address of Princi	oal Office)	(Mail	ling Address)
Wylie, Texas 75098		Wylie, Texas 75	098 -
			<u>Po</u> = 1
			1000円
. Name and street address of	`Florida registered agent: (P.O. B	ox NOT acceptable)	5 T
Name: R	egistered Agents Inc.		SSEE
			To S
Office Address: 30	030 N. Rocky Point Dr. ST	E 150A	'SE 28
Т	ampa	, Florida 336	07
_	(City)		(Zip code)
		er and complete performance of	to act in this capacity. I further ag of my duties, and I am familiar wit
na accept the obligations of	my position as registered agent.	er and complete performance o	
P			
<u>. E</u>	my position as registered agent. (Registered agen	t's signature)	of my duties, and I am familiar wit
<u>. E</u>	my position as registered agent. (Registered agent) and address of the person(s) who	n's signature) has/have authority to manage is	of my duties, and I am familiar wit
8. The name, title or capacity <u>Title or Capacity:</u>	(Registered agent) and address of the person(s) who Name and Address:	n's signature) has/have authority to manage is Title or Capacity:	of my duties, and I am familiar wit /are: Name and Address:
3. The name, title or capacity	my position as registered agent. (Registered agent) and address of the person(s) who	n's signature) has/have authority to manage is	of my duties, and I am familiar wit
3. The name, title or capacity <u>Title or Capacity:</u>	rand address of the person(s) who Name and Address: Kelyn Freuduger	n's signature) has/have authority to manage is Title or Capacity:	of my duties, and I am familiar wit vare: Name and Address: Darrell Callier
3. The name, title or capacity Title or Capacity: Owner	(Registered agent. (Registered agent) and address of the person(s) who Name and Address: Kelyn Freuduger 1010 Squire Drive Wyve, Texas 75098	n's signature) has/have authority to manage is Title or Capacity:	of my duties, and I am familiar wit /are: Name and Address: Darrell Callier
3. The name, title or capacity Title or Capacity:	(Registered agent. (Registered agent) and address of the person(s) who Name and Address: Kelyn Freuduger 1010 Square Drive Wyse, Texas 75098 Brett Thomas	n's signature) has/have authority to manage is Title or Capacity:	of my duties, and I am familiar wit /are: Name and Address: Darrell Callier
3. The name, title or capacity Title or Capacity: Owner	(Registered agent. (Registered agent) and address of the person(s) who Name and Address: Kelyn Freuduger 1010 Squire Drive Wyve, Texas 75098	n's signature) has/have authority to manage is Title or Capacity:	of my duties, and I am familiar wit /are: Name and Address: Darrell Callier
The name, title or capacity Title or Capacity: Owner Owner	(Registered agent. (Registered agent. (Registered agent) (Registered a	n's signature) has/have authority to manage is Title or Capacity:	of my duties, and I am familiar wit /are: Name and Address: Darrell Callier
The name, title or capacity Title or Capacity: Owner Owner	(Registered agent. (Registered a	t's signature) has/have authority to manage is Title or Capacity: Owner	Name and Address: Darrell Callier 10:0 Squire Drive Wyle, Texas 75098
3. The name, title or capacity Title or Capacity: Owner Owner Use attachments if necessary Attached is a certificate of existiction under the law of v	(Registered agent. (Registered a	t's signature) has/have authority to manage is Title or Capacity: Owner d. duly authenticated by the office	of my duties, and I am familiar wit /are: Name and Address: Darrell Callier
8. The name, title or capacity Title or Capacity: Owner Owner (Use attachments if necessary) Attached is a certificate of our specification under the law of worther translator must be submitted.	(Registered agent) (Registered a	has/have authority to manage is Title or Capacity: Owner d. duly authenticated by the office ate is in a foreign language, a tr	of my duties, and I am familiar with a familia
8. The name, title or capacity Title or Capacity: Owner Owner Use attachments if necessary Attached is a certificate of earisdiction under the law of votathe translator must be submoduled. This document is executed	(Registered agent. (Registered a	has/have authority to manage is Title or Capacity: Owner d. duly authenticated by the office ate is in a foreign language, a tree at the capacity of the ca	Name and Address: Darrell Callier 10:0 Squire Drive Wylie, Texas 75098 cial having custody of records in the ranslation of the certificate under oan aware that any false information

Typed or printed name of signee

Kelyn Freudiger

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

Office of the Secretary of State

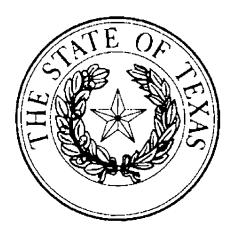
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for DFW MECHANICAL GROUP, LLC (file number 801670027), a Domestic Limited Liability Company (LLC), was filed in this office on October 16, 2012.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 18, 2018.





Rolando B. Pablos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 40264

Dial: 7-1-1 for Relay Services Document, 819675830004